

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/600398	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3							53			
4	1						54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21	1						71			
22		1					72			
23		1					73			
24		1					74			
25	1						75			
26		1					76			
27		1					77			
28	1						78			
29		1					79			
30		1					80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37	1						87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6						TOTAL IND.			
TOTAL DEP.	31						TOTAL DEP.			
TOTAL CLAIMS	37						TOTAL CLAIMS			